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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *TKM*
 This application is a CON of 09/829,843 04/10/2001 PAT 6,622,721 *TKM*  
 which is a CIP of 09/417,346 10/14/1999 PAT 6,382,204 *TKM*
\*\* FOREIGN APPLICATIONS \*\*\*\*\* *TKM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	FRANCE	26	76	4
Examiner's Signature <i>[Signature]</i> Allowance <i>[Signature]</i> Initials <i>TKM</i>				

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## TITLE

Drug delivery system including holder and drug container

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of
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